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UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of Paraguay

Proposed UNFPA assistance:	$4.4 million, $3.5 million from regular resources and $900,000 through co-financing modalities and/or other, including regular, resources
Programme period:	5 years (2002-2006)
Cycle of assistance:	Fifth
Category per decision 2000/19:	B

Proposed assistance by core programme areas (in millions of $):

	Regular resources	Other	Total
Reproductive health	2.0	0.9	2.9
Population and development strategies	1.25	-	1.25
Programme coordination and assistance	0.25	-	0.25
Total	3.5	0.9	4.4

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PARAGUAY

INDICATORS RELATED TO ICPD & ICPD+5 GOALS*

		Thresholds*
Births with skilled attendants (%)[1/]	61	≥60
Contraceptive prevalence rate (%)[2/]	56	≥55
Proportion of population aged 15-24 living with HIV/AIDS (%)[3/]	0.08	≤10
Adolescent fertility rate (per 1,000 women aged 15-19)[4/]	76.0	≤65
Infant mortality rate (per 1,000 live births)[5/]	39	≤50
Maternal mortality ratio (per 100,000 live births)[6/]	190	≤100
Adult female literacy rate (%)[7/]	90	≥50
Secondary net enrolment ratio (%)[8/]	97	≥100

*AS CONTAINED IN DOCUMENT DP/FPA/2000/14 AND APPROVED BY THE EXECUTIVE BOARD IN DECISION 2000/19

1/ Electronic database, World Health Organization, December, 1999.
2/ United Nations Population Division, *Levels and Trends of Contraceptive Use as Assessed in 1998* (1999).
3/ UNAIDS, *Report on the Global HIV/AIDS Epidemic*, June 2000.
4/ United Nations Population Division, *World Population Monitoring 2000 Population, gender and development, 2001*
5/ United Nations Population Division, *World Population Prospects: The 1998 Revision*.
6/ The World Bank, *World Development Indicators, 2000*.
7/ UNESCO, *Education for All: Status and Trends* series (1997, 1998, 1999 editions).
8/ UNIFEM, *Targets and Indicators: Selections from Progress of the World's Women* (2000), based on 1999 data from UNESCO.

Two dashes (--) indicate that data are not available.

Demographic Facts

Population (000) in 2001	5,636	Annual population growth rate (%)	2.46
Population in year 2015 (000)	7,773	Total fertility rate (/woman)	3.84
Sex ratio (/100 females)	102	Life expectancy at birth (years)	
Age distribution (%)		Males	68.6
Ages 0-14	39.5	Females	73.1
Youth (15-24)	19.7	Both sexes	70.7
Ages 60+	5.3	GNP per capita (U.S. dollars, 1998)	1760

Sources: Data are from the Population Division, Department of Economic and Social Affairs of the United Nations, *World Population Prospects: The 2000 Revision, Highlights;* GNP per capita is for the year 1998 from the UNDP, *Human Development Report 2000*, based on World Bank data (World Bank Atlas method).

N.B. The data in this fact sheet may vary from the data presented in the text of the document.

1. The United Nations Population Fund (UNFPA) proposes to support a population programme for the period 2002-2006 to assist the Government of Paraguay in achieving its goals in the areas of reproductive health and population and development strategies. UNFPA proposes to fund the programme in the amount of $4.4 million, of which $3.5 million would be programmed from UNFPA regular resources to the extent that such resources are available. UNFPA would seek to provide the balance of $900,000 from co-financing modalities and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 2000/19 on the allocation of UNFPA resources. This would be the Fund's fifth programme of assistance to Paraguay, which is a "Category B" country under the UNFPA resource allocation criteria.

2. The proposed programme was formulated in close consultation with the Government, non-governmental organizations (NGOs), United Nations agencies and other donors. It is based on the policy framework of Paraguay's economic development plan and the plan for equal opportunities for women and is consistent with priorities identified in the Common Country Assessment completed in February 2001. The proposed programme takes into account the lessons learned from strategies implemented in the previous country programme. The cycle for the proposed programme has been harmonized with those of UNICEF and UNDP. The United Nations Development Assistance Framework (UNDAF) for Paraguay is to have been finalized by December 2001.

3. The goal of the proposed programme is to contribute to the Government's efforts to improve the quality of life of the Paraguayan people and to reduce poverty through a more effective exercise of human rights, especially sexual and reproductive rights, as well as through the efficient incorporation and utilization of population and development tools in the country's development efforts. The proposed programme would improve the quality of life of Paraguayan families, empowering them to make decisions crucial to their well-being and to the life cycle of their individual members, and would include population and reproductive health components – particularly family planning, gender equity and equality, and the prevention of family violence.

4. The proposed programme was developed within the framework of a human rights approach. All the activities under the proposed programme, as in all UNFPA-assisted activities, would be undertaken in accordance with the principles and objectives of the Programme of Action of the International Conference on Population and Development (ICPD), which was endorsed by the General Assembly through its resolution 49/128.

Background

5. The population of Paraguay was estimated at 5.5 million in 2000 and at the present annual growth rate of 2.5 per cent would double in 28 years. About a third of the population is poor, and 46 per cent of the poor live in extreme poverty. Living conditions are harsher in rural areas, which account for 45 per cent of Paraguay's population. Some 27 per cent of the rural

population do not have access to health services, only 48 per cent have completed primary school, and only 15 per cent of rural households have drinking water. Unequal access to resources, low levels of education, high fertility, scant social participation by the rural poor, and inadequate harnessing of natural resources are some of the main determinants of poverty.

6. The total fertility rate, 4.3 for the country as a whole, is among the highest in the region. The fertility rate is 5.6 in rural areas and 3.2 in urban areas. Life expectancy is 69.7 years. Two thirds of the population are concentrated in 11 per cent of the country's territory. The per capita gross national product (GNP) has deteriorated over the past decade as Paraguay's economy has suffered from severe recession while the population has increased rapidly. This, combined with internal migration, has fueled the expansion of non-formal economic activities in the cities and has led to an increase in the use of child labour.

7. Maternal mortality, estimated at 192 per 100,000 live births in 1995, is still double the ICPD threshold. The majority of maternal deaths, according to data from 1997, result from induced abortion (27.8 per cent), haemorrhages (30 per cent), toxaemia (16 per cent) and sepsis (8 per cent), all of which are preventable causes. The national coverage of institutional childbirth is 56.3 per cent, but this figure drops to 39 per cent in rural areas. Fertility among girls aged 15-19 is 87 per 1,000, but rises to 227 per 1,000 for girls with less than two years of schooling, a factor which contributes to the inter-generational transmission of poverty. According to the 1998 demographic and health survey (DHS), 17.5 per cent of women who gave birth 1995 and 1998 did not want a child or would have preferred to wait. Despite relevant advances in the legal and policy frameworks, violence against women and inequality between the sexes are serious problems. As an example of the latter, women occupy only 8 per cent of the seats in Congress.

Previous UNFPA assistance

8. UNFPA has provided assistance to Paraguay since 1979. The fourth country programme, covering the period 1998-2002, was approved in the amount of $5.5 million for 5 years, of which $3 million was to be programmed from regular resources, with the remaining $2.5 million coming from other resources. To harmonize the programme with those of other United Nations agency programmes, it was shortened to four years. In the end, total expenditure added up to only $2.2 million, of which $2.1 million came from regular resources. This figure was lower than originally planned due to adjustments necessitated by Fund-wide resource constraints.

9. A March 2001 programme evaluation concluded that UNFPA support was used effectively and made strategic contributions to the development of national capacities. Support to sexual and reproductive health activities helped incorporate the ICPD Programme of Action and Beijing Platform for Action into public sector and NGO agendas. The women's integrated care policy, the national reproductive health plan, the domestic violence law, and maternal health and mortality vigilance guidelines were all formulated and approved during the last programme

cycle. UNFPA assistance has also contributed to: (a) expanded coverage of Ministry of Health services and education to rural settlements and indigenous groups, as well as to special populations such as the armed forces and national police; (b) the successful development and implementation of a model for comprehensive adolescent health care; (c) the development of an educational methodology for out-of-school rural youth; and (d) the training of community leaders in reproductive health service delivery and the prevention of domestic violence.

10. Achievements in population and development strategies included strengthening the capacity of government and private sector organizations in data generation and analysis, and utilization of population projections in the formulation of sustainable development strategies. The programme contributed to: (a) the creation of the Population and Development Unit within the Technical Planning Secretariat; (b) a study of the country's socio-demographic situation and advances in the formulation of a national population policy; (c) the strengthening of human resources through the training of professionals from different disciplines; (d) data generation and other preparatory activities for the 2002 census; and (e) the integration of population- and reproductive health-related activities in the Poverty Reduction Strategy Paper (PRSP), including the financing of projects directed at adolescents.

11. A number of key lessons were learned during the previous programme in the area of reproductive health. An assessment of programme results found that adolescents do utilize reproductive health services on a regular basis when these services respond to their expectations and concerns. The majority of service users were female adolescents, however, and male adolescents only attended as companions of the female users. This may be due to the fact that services are better equipped to respond to girls' needs. It was noted that gender aspects were better integrated into education than into health services. Given that sustainable improvement of reproductive health services, especially for adolescents, can only be achieved with effective male involvement in preventive care and responsible behaviour, future activities should emphasize male involvement.

12. Another finding was that although the programme's emphasis on training in the area of contraceptive technology and commodity supply was well placed, it has not been possible to properly evaluate the effectiveness of these interventions because the system lacks quality norms and standards as well as a supervisory system to ensure compliance with norms. The quality of services in this area has also been affected by insufficient public spending on health. A third finding was that the very successful reproductive health education and services programmes implemented with Paraguay's armed forces and national police have demonstrated the great potential for advancing gender equity by addressing issues of masculinity. Condom utilization among conscripts and cadets, has increased considerably, and awareness on gender issues, including violence, has improved among the police force. And, finally, grass-roots organizations have been found to provide efficient channels for working with rural youth of both sexes who are not in the formal education system. They provide a strong organizational base, great

mobilization capacity and synergistic effects that facilitate reproductive health-related education in poor rural communities.

13. Several key lessons were learned in the area of population and development strategies as well. First of all, the promotion of population and development strategies activities with a multisectoral approach was found to produce very positive results at a low cost. This approach mitigated the negative impact of the previous programme's severe financial restrictions. Second, it was found that when population factors are directly and explicitly linked to PRSPs, they generate greater interest and support from the Government and civil society alike. Otherwise, as has too often occurred in the past, the population agenda is seen as the exclusive concern of the executing agencies and their counterparts, and activities are reduced when external support is reduced. The practical demonstration of the effective contribution of population analysis to PRSPs has helped stakeholders appreciate the relevance of population analysis and has enhanced the sustainability of actions in this area. At the same time, these linkages have helped position the population agenda more effectively within the government structure, civil society organizations, and public opinion.

14. A third lesson was that continuity and effectiveness of the population and development agenda require strategic alliances with both NGOs and the private sector. And fourth, although the previous programme has contributed significantly to the training of population professionals and technicians, these do not yet constitute an influential group. They are still too few in terms of absolute numbers and diversity of disciplines to have a meaningful influence on social policies. Additional efforts are needed to guarantee self-sufficiency in terms of human resources in the medium and long term. Greater interaction with civil society is needed to help build public support for population issues, and new professionals must be trained.

Other external assistance

15. During the period 1998-2001, the Government of Paraguay received assistance from the Government of Germany in the area of adolescent health and from the United States Agency for International Development (USAID) for social marketing, education, quality of care, and private-sector reproductive health services. The estimated total of this bilateral cooperation is around $8 million. Assistance from UNICEF, the Pan-American Health Organization and UNAIDS has focused on the reduction of maternal and infant mortality, combating the vertical transmission of HIV and transmission among drug users, and the elaboration of policies, plans and norms for integrated care in the area of reproductive health. The Inter-American Development Bank and the World Bank granted loans for a total of $54 million during this period for the improvement of primary health care – including infrastructure, equipment and reproductive health service delivery training.

Proposed programme

16. The goal of the proposed programme is stated in paragraph 3 above. The programme will focus particularly on high adolescent fertility in rural areas, unmet demand for family planning services as reflected in the high number of maternal deaths caused by abortion, and the high rate of maternal mortality caused by the lack of skilled attendance during childbirth. Attention will also be given to the consolidation of advances made during the previous programme, particularly in the area of reproductive health education and services for adolescents.

17. At the central level, the proposed programme would support the promotion, formulation and surveillance of the application of laws, policies and programmes related to reproductive health and population and development strategies. It would give particular attention to the implementation of the PRSP, the economic and social development plan, the national reproductive health plan (with an emphasis on reduction of maternal mortality), and the national plan for equal opportunities for women. At the decentralized level the proposed programme would focus on reproductive health and population and development strategies initiatives in two departments to be selected jointly with the Government.

18. Building upon the advances of the previous programme, the proposed programme has the following aims: (a) to enhance the effectiveness of poverty reduction interventions through the incorporation of demographic trends analysis in the formulation and implementation of social action plans and programmes at the central and local levels; (b) to improve the quality of reproductive health services, reduce maternal mortality, and increase demand and use of reproductive health services, particularly by adolescents and young people in rural areas; and (c) to contribute to the reduction of gender inequities, including the decrease of domestic violence.

19. Reproductive health. The first output of the reproductive health subprogramme would be norms elaborated and approved by the National Reproductive Health Council (NRHC) – fully tested with certified quality attention and functional monitoring and evaluation systems in two selected departments, and ready for replication in other areas. This would be achieved through support to the Ministry of Health and related directorates for the establishment of a standard for certification of the quality of reproductive health services that includes both technical aspects and the consideration of users' needs, perceptions and expectations. Development and testing of models and methodologies would be carried out in two departments to validate interventions for national replication. A multidisciplinary group of governmental and civil society organizations would determine the quality standard and develop a system for regular monitoring and evaluation of services, emphasizing obstetric care and maternal mortality reduction. UNFPA and other United Nations agencies would provide technical assistance to define quality standards and monitoring systems. The women's secretariat would be supported for surveillance of maternal mortality and for mobilization of informed demand (in collaboration with NGOs and public institutions such as the Vice-Ministry on Youth). The quality of reproductive health services would be improved through training, provision of educational materials and follow-up by a

community monitoring network. To support medium- and long-term sustainability, the faculties of medicine and nursing would be supported in the introduction of quality-of-care modules, reflecting the experience from programme interventions, in their curricula.

20. The second output would be improved availability of contraceptives in government and private sector facilities. The programme would continue to supply the Ministry of Health with contraceptives and at the same time would promote the Government's gradual assumption of responsibility for the acquisition of these supplies. Given the importance of pharmacies in contraceptive distribution, support would be continued for the training of pharmaceutical entrepreneurs and vendors in counselling, especially of young people, and contraceptive technology and in increasing awareness of gender and of reproductive and sexual rights.

21. The third output would be the formulation of standards for dealing with gender violence for reproductive health service providers, educators, community monitors (from the women's secretariat programme) and police personnel. These standards would be fully developed and tested by duly trained personnel in selected departments, and an intervention model would be made ready for replication. To build on previous programme achievements, support would be devoted to the strengthening of gender conceptual aspects, such as masculinity, the specific reproductive health needs of male adults and adolescents, and more effective approaches to gender violence that emphasize conflict resolution through dialogue and communication under a principle of equal rights. The programme would support gender analysis and evaluation of training programmes and education materials, promoting conceptual coherence between the different programmes. Personnel from different programmes would be trained in incorporating and operationalizing the gender perspective and in following up and evaluating activities.

22. The fourth output would be commercial and community radio audiences better informed on issues of sexuality, reproductive health and gender. This would be pursued through continuous support to the media, particularly commercial and community radio stations, to ensure a continuous flow of reproductive health- and gender-related information, especially to the rural population. This support would include advocacy activities directed towards media outlet owners, training of and information exchange between social communicators, and continuous dissemination of audio and printed materials to the radio stations. The effectiveness of these actions would be verified through audience surveys and opinion polls.

23. The fifth output would be increased social, political and legislative support to the implementation of the national reproductive health plan and the national plan on equal opportunities for women, with special emphasis on maternal mortality and gender violence prevention. In coordination with other United Nations agencies, the programme would support advocacy for revision of the sanitary code, approval of the code on children, and funding for reproductive health services in the national general expenditure budget. Activities would be directed especially to the congressional commissions on budget and equity and to the gender and social development commissions.

24. The sixth output would be the consolidation, institutionalization and operationalization of the reproductive health education and service programmes of the armed forces and national police, with special attention to the inclusion of gender, sexuality and masculinity dimensions. UNFPA would assist in monitoring the quality of educational and service activities, particularly with respect to the treatment of gender and masculinity aspects, and evaluation by community level personnel of the effects of programme activities on levels of gender and domestic violence.

25. The seventh output would be increased access for adolescents and youth to quality comprehensive reproductive health services that incorporate gender considerations to make them accessible and beneficial to females and males alike. To achieve this, the programme would support replication of the comprehensive adolescent care model developed under the previous programme in a number of health centres. The programme would also make available to other actors, particularly German Technical Cooperation (GTZ), the lessons learned during the development of this model. The model would give special attention to the active participation of the beneficiaries, provide differentiated attention, emphasize promotion, prevention, privacy and confidentiality, and apply specific strategies to decrease economic and family barriers.

26. The eighth output would be greater participation by young women and men in local development and education projects. This would include efforts to increase young people's capacity to identify their own specific reproductive health needs and to actively exercise self-care and mutual preventive care. This would be achieved by promoting increased coverage of educational activities, by consolidating previous programme experiences to increase informed demand, and by enhancing coordination between the Government and the private sector. To broaden the coverage to young people, the programme would promote the incorporation of reproductive health and sex education, with a gender perspective, in regular professional training programmes and in the curricula of training centres of the Ministry of Justice and the private sector. Reproductive health modules would also be introduced in the training of borrowers from the Crédito Agrícola de Habilitación bank as a way of linking reproductive health components to the financing of poverty reduction programmes.

27. Population and development strategies. The first output of the population and development strategies subprogramme would be increased political and social support for population policies and poverty reduction interventions that incorporate population and gender perspectives at regional and local levels. This would be achieved through support for the development and application of an advocacy plan geared to decision makers and other key actors for the incorporation of population and gender factors into development policies and PRSP interventions at different administrative levels.

28. The second output would be the formulation and launching of the population policy and national population plan at national, regional and local levels. The programme would provide technical and financial assistance to the national population plan and would support the creation of an inter-institutional population committee, with a secretariat supported by a technical team.

The population committee would monitor and evaluate the execution of the national population plan in its general and sectoral aspects and would coordinate the work of all actors – from the governmental, academic and political sectors – to contribute to the policy's implementation at the national and local levels.

29. The third output would be increased availability, analysis and use of socio-demographic data, with a gender perspective, in the formulation of development and poverty reduction plans and policies. The next national census is foreseen for the second half of 2002. The programme would provide technical assistance to the national census office for the preparatory phase and for execution of the census, as well as for analysis and dissemination of the results. Particular attention would be directed to the promotion of an ongoing dialogue between the national census office and those who use the information, ensuring that the collected information responds to users' needs, is accessible to all users, and is effectively utilized. The programme would support the provision of data for development planning at the local level, emphasizing the two selected departments as demonstration sites, and would promote participation by other donors in the financing of other surveys such as the DHS.

30. The fourth output would be national, regional and local development and poverty reduction plans that reflect the inputs from demographic analysis, particularly those referring to the spatial distribution of the population and of services. The proposed programme would support the generation of research, analysis and policy proposals on population topics and would promote analysis to identify problems and policy alternatives in areas of growing importance – such as internal and international migration, urbanization, ageing and the environment – with special attention to analysis and policy proposals that contribute to the decentralization process and to local development and poverty reduction.

31. The fifth output would be a greater number of professionals from different disciplines trained in population and development issues. These professionals would promote the population agenda in their institutions and organizations, would actively network to undertake studies on population and reproductive health topics, and would stimulate public debate and support. This would be pursued through sectoral and intersectoral training, dissemination of research, and support to inter-institutional agreements to operationalize such activities and to establish a network of population experts and an advocacy plan.

Programme implementation, coordination, monitoring and evaluation

32. The population and development strategies and reproductive health subprogrammes would be implemented under the national execution modality. Advocacy activities would be executed by UNFPA. Country programme coordination, monitoring and evaluation would fall under the purview of a programme bureau, constituted by UNFPA and the Directorate for International Cooperation of the Technical Planning Secretariat. The secretariat's Directorate for Social and Environmental Policies would act as an adviser to the programme bureau. The bureau

would convene and oversee the projects coordinating committee, comprised of all project directors, and would promote coordination and synergies between subprogrammes and projects.

33. The programme bureau would be responsible for the formulation of an annual monitoring and evaluation plan, based on selected indicators, to measure progress and programme results. The main information sources would be the 2002 census and the DHS. A midterm review would be conducted at the end of 2003, and the final programme evaluation would be conducted at the beginning of 2006 so that its findings can help guide the development of the next programme.

34. Technical support, through transfer of knowledge and technologies for the implementation of different programme components, would be provided by national experts, CST advisers and three national professional project personnel – one for population and development strategies, one for adolescent health, and one for reproductive health. A training plan for national counterparts would be elaborated according to specific needs, with special consideration given to possibilities for South-South cooperation.

35. The UNFPA country office includes a National Programme Officer, a finance and administrative assistant, and a secretary. Under the proposed programme, funds in the amount of $250,000 would be used for programme support and monitoring and evaluation.

Recommendation

36. The Executive Director recommends that the Executive Board approve the programme of assistance to the Government of Paraguay as presented above, in the amount of $4.4 million for the period of 2002-2006, of which $3.5 million would be programmed from the Fund's regular resources, to the extent such resources are available. The balance of $900,000 would be sought through co-financing modalities and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 2000/19 on the allocation of UNFPA resources.

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